



# STATE-SUPPLIED VACCINE USAGE REPORT

## AGE-SPECIFIC DOSES ADMINISTERED

Facility Name\*: \_\_\_\_\_  
Address\*: \_\_\_\_\_  
Telephone\*: \_\_\_\_\_ Person Completing Report\*: \_\_\_\_\_  
E-mail Address\*: \_\_\_\_\_

Year: \_\_\_\_\_  
Month: \_\_\_\_\_

\*Required fields

On the appropriate line designated for each vaccine, enter the total number of doses given according to the age groups indicated.

**Please DO NOT use hash marks.** Use additional copies for worksheets.

Vaccine Type	TOTAL DOSES GIVEN, BY PATIENT AGE-GROUP													
	<1	1	2	3 to 5	6	7 to 10	11 to 12	13 to 18	19 to 24	25 to 44	45 to 64	65+	UNKNOWN	TOTAL
☒ INCORRECT Example				/	/								0	21
☺ CORRECT Example	0	4	2	5	10								0	21
DT (Pediatric)														
DTaP														
DTaP/Hep B/IPV (combination)														
Hepatitis A (Pediatric)														
Hepatitis B (Pediatric)														
Hib														
Influenza														
Influenza (preservative-free)														
IPV (Polio)														
Meningococcal Conj. (MCV4)														
MMR														
Pneumococcal Conj. (PCV7)														
Pneumococcal Poly. (PPV23)														
Td (Adult)														
Tdap (Adult)														
Varicella														
Other: _____														
Other: _____														

This report is to be submitted each month with the *Vaccine Order Form* and the *Vaccine Return Form*.

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